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URBAN DISTRICT OF SEDGLEY
(STAFFORDSHIRE)

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

AND OF THE

CHIEF PUBLIC HEALTH INSPECTOR

FOR THE YEAR

1962

URBAN DISTRICT OF SEDGLEY
(Staffordshire)

- - - - -

A N N U A L R E P O R T

of the

Medical Officer of Health

and of the

Chief Public Health Inspector

for the year

1962.

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SEDGLEY URBAN DISTRICT COUNCIL

- - - - -

PUBLIC HEALTH COMMITTEE

Chairman:

Mr. Councillor F.S. Dews

Members:

Councillor A.J.R. Hickling, J.P., C.C.,
(Chairman of the Council)

Councillor A. W. Bradley

" T. P. Hanley

" M. Kinsella

" H. V. Mainwaring

" B. A. Meredith

" W. H. Smith

" W. Timmins

" C. A. Turner



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STATISTICAL SUMMARY 1962.

Area: 3,823 acres

Population: Census 1961 27,912
Estimated by Registrar-
General 1962 29,940

Number of Inhabited Houses: 9205

Sum represented by a Penny Rate: £1,244 6s. 2d.

Ratable Value: £296,489

General Rate: 22/6d.

Birth Rate 18.97 (crude)
17.91 (standardised)
18.00 (England and Wales)

Death Rate: 13.29 (crude)
12.62 (standardised)
11.9 (England and Wales)

Infantile Death Rate; per 1,000 births: 18.51

Deaths from Respiratory Tuberculosis: 3

Deaths from other Tuberculosis Diseases: Nil

Tuberculosis Death Rate - Pulmonary: 0.1

Non-Pulmonary : Nil

PUBLIC HEALTH STAFF

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Medical Officer of Health:

F.B. Mackenzie, D.S.O., M.C., M.A., M.B., Ch.B., D.P.H.,
(Acting)

Chief Public Health Inspector and Cleansing Superintendent:

David J.W. Robertson, Cert. S.I.B., M.A.P.H.I., M.Inst.P.C.,
Cert. Meat and Food Inspector.

Additional Public Health Inspectors:

R. B. M. Anderson, A.R.S.H., A.I.P.H.E., M.R.I.P.H.H., M.A.P.H.I.,
Cert. Meat and Food Inspector.

J. Millward, Cert.P.H.I.J.B., A.R.S.H., M.A.P.H.I., R.S.H. Diploma
for Smoke Inspectors,
Cert. Meat and Food Inspector.

Clerical Staff:

Mrs. S. A. Bates
(Retired 13th April, 1962)

Miss C. M. Edwards

Miss C. J. Turley
(Appointed 30th April, 1962)

Official Address and Telephone Number of Medical Officer of Health:-

"The Limes", Dudley Road, Sedgley.

Sedgley 3101.

Private Telephone Number.

Wolverhampton 37320.

REPORT OF THE MEDICAL OFFICER OF HEALTH .

FOR 1962

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Sedgley Urban District Council

Mr. Chairman and Gentlemen.

I have the honour to present my Annual Report for 1962. Incorporated in it, is that of your Public Health Inspector.

Despite the Local Government Commission's recommendations your Health Committee has not allowed their activities in the interests of the community to be abated.

As in the past, this report is made in accordance with statutory requirements as laid down by the Ministry of Health and, in so far as those requirements are more or less the same from year to year, the report would appear to follow more or less the same conventional or stereotyped pattern. Nevertheless, this does not deprive your medical officer of health or your public health inspector of the opportunity of giving information or expressing opinion favourable or otherwise, on matters relevant to the health of the community.

Information on vital statistics, sanitary circumstances of the area, prevention and control of infectious diseases, housing, food hygiene and on any other matters relevant to the safe-guarding of the health of the community is embraced in the body of the report. Such other matters are smoking and cancer, clean air and smoke abatement, care and housing of old people, fluoridation of water and noise abatement. All those subjects have had the close consideration of your Health Committee.

The position in respect of fluoridation at the moment with some authorities would appear to be one of hesitancy in recommendation in the light of fears and allegations despite their refutation. Your Council has withheld recommendation in the meantime.

The health of the community on the whole can be considered satisfactory.

The absence of any cases of diphtheria or of poliomyelitis is again recorded and the response of the public to poliomyelitis vaccination at the open sessions provided in the district by the Area Health Committee has been good.

The acceptability of oral ministration of poliomyelitis vaccine as against injection will no doubt invoke a more popular response.

The population of the urban district as estimated mid-year 1962, by the Registrar-General is given as 29,940, an increase of 1,590 on last year.

The crude birth rate per 1,000 of the estimated population was 19.47 giving a standardised birth rate of 17.91, the rate for England and Wales being 18.

The crude death rate per 1,000 of the estimated population was 13.29 giving a standardised death rate of 12.62, the rate for England and Wales being 11.9.

The number of infant deaths was eleven, one less than last year, giving an infantile mortality rate of 19.47 per 1,000 births as compared with 22.30 last year. The rate for England and Wales was 21.4.

There were no maternal deaths.

Heart disease, vascular lesions of the nervous system, cancer and respiratory disease continue to be the predominating causes of adult death. Deaths from Cancer of lungs and bronchus were twelve as against seven last year (12 male); and deaths from Cancer all forms 69 as against 53 in 1961.

It will be some time before the effect of the anti-smoking campaign as carried out by posters and other propaganda can be assessed in relation to the incidence of lung Cancer. Reduction in this form of Cancer as far as it is contributed to by smoking, is in the hands of the individual.

There were three deaths from respiratory Tuberculosis and in respect of this disease eight new cases were notified as against twelve last year. Further to this, five more cases were added to the register as inward transfers from other or neighbouring districts.

I would make special mention of your Public Health Inspector's report which I have incorporated. The contribution he makes in his review of the housing situation and the problems that arise, is certainly worthy of study.

House-letting continues to be a most important part of your Inspector's work and I am afraid I cannot avoid adding to his already heavy list of applications in view of the number of personal approaches that are made to me on medical grounds for personal interview.

I acknowledge the continued co-operation of the general practitioners of the district in keeping me informed of notifiable infectious disease and the Consultant Chest Physicians and Medical Directors of Wolverhampton and Dudley Mass Radiography Units and the Director of the Public Health Laboratory Service, Stafford for their reports.

The Area Welfare Officer, Mr. R. C. Cox, continues to give his valuable services in respect of finding accommodation for aged persons in need of such.

I thank the Chairman of the Health and Housing Committees for their support, the staff of the Health Department for their assistance and your Clerk and other Council officials for their co-operation.

I have the honour to be,

Your obedient Servant,

F. B. MACKENZIE,

Acting Medical Officer of Health.

November, 1963.

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA

The Medical Officer of Health holds office in virtue of a joint appointment by the Sedgley Urban District Council, the Tettenhall Urban District Council and the Staffordshire County Council on a time basis of 5/11ths, 2/11ths and 4/11ths respectively.

As Medical Officer of Health of the Urban District his duties are those laid down under the various Public Health Acts and Regulations, in short, to inform himself of all matters likely to affect the health of the Urban District and to advise the Council in such matters and to make an Annual Report on the work of the Public Health Department and health of the district.

As Assistant County Medical Officer he undertakes such School Medical Inspections, Minor Ailment School Clinics, Immunisation Sessions and Maternity and Child Welfare Clinics in the Urban District as may be directed by the County Authority.

The Public Health Inspector is a full time appointment by the District Authority. He is a qualified Meat and Food Inspector. Under the general direction of the Medical Officer of Health he performs all the duties imposed on a public health inspector by statute and by any orders, regulations or directions from time to time made or given by the Minister, and by any byelaws or instructions of the local authority applicable to his office.

Public Health and Sanitary matters are brought forward in the Public Health Committee, while Housing and Rehousing matters are dealt with by the Housing Committee. These two Committees meet once monthly.

There are three Health Visitors, three District Nurses and three Midwives, all under the direction of the County Council.

In accordance with Part III of the National Health Service Act, the following services are provided by the Local Health Authority, namely the County Council, the organisation and administration being in the hands of the County Medical Officer of Health.

- (a) Health Centres.
- (b) Care of Mothers and Young Children.
- (c) Midwifery.
- (d) Health Visiting.
- (e) Home Visiting.
- (f) Vaccination and Immunisation.
- (g) Ambulance Services.
- (h) Prevention of Illness, care and after care.
- (i) Domestic Help.
- (j) Mental Health Services.

With the exception of provision of Health Centres, all the required services are being provided within the area.

There will probably be some delegation of Part III functions and other powers to the district authority in the near future.

SCHOOL HEALTH SERVICES

The Medical Inspection of School Children is provided by the County Council who have also established Ophthalmic, Dental and Orthopaedic Clinics. The various age groups are examined periodically and from the School Inspections referred to these Clinics or to the General Practitioner if considered advisable.

In cases of Infectious Disease, and if deemed necessary special steps are taken in conjunction with the School Authorities to exclude scholars who have been in contact with such disease. Protective measures and isolation are furthermore under the direction of the Health Department.

The School, Dental, Ear, Nose and Throat, and Eye Clinics provided in the Urban District are given in a separate table together with sessions for Speech Therapy and Physiotherapy.

MATERNITY AND CHILD WELFARE

The Staffordshire County Council maintains Ante-Natal and Child Welfare Centres in Sedgley, Upper Gornal and Lower Gornal areas. The Regional Hospital Board provides in addition Ante-Natal Clinics in their own Hospitals and Departments in the Wolverhampton, Dudley and Birmingham areas which are easily accessible to the population of the Urban District.

The Rosemary Ednam Maternity Home which forms part of the Burton Road Hospital, and Wordsley Hospital, are under the administration of the Regional Hospital Board. They provide accommodation for cases referred or booked from the Ante-Natal Clinics or by General Practitioners. Cases wishing to remain at home are delivered by the County Midwives who if so required can call for the obstetric assistance of a General Practitioner.

The Staffordshire County Council also provides for the care and treatment of deformed, mentally sub-normal and handicapped children. These cases are selected from School Medical Inspections and Child Welfare Clinics or referred by General Practitioners. Illegitimate, Homeless and Neglected Children are provided for in Nurseries, Childrens Homes and Remand Homes of the County.

NATIONAL ASSISTANCE ACT, 1948

NATIONAL ASSISTANCE (AMENDMENT) ACT, 1951

REMOVAL OF PERSONS IN NEED OF CARE AND ATTENTION

These Acts deal with the care of aged and infirm persons incapable of looking after themselves; and give powers to remove to a suitable hostel or institution if considered necessary. It has not been necessary during the year to exercise such powers.

HOSPITALS

Administration of Hospitals and Specialist Services is the responsibility of the Birmingham Regional Hospital Board.

The Hospitals and Specialist departments serving the district are easily accessible, are those of Wolverhampton, Dudley and Birmingham.

Hospital treatment for cases suffering from Infectious Disease and in need of such treatment is provided in Moxley Hospital.

TUBEROULOSIS

Institutions are maintained by the Regional Hospital Board for the treatment of persons suffering from Tuberculosis. The visiting of Tuberculosis Patients in relation to their care and after care is under the administration of the County Council. Chest Clinics are situated at Dudley and Wolverhampton and several Sanatoria are available.

LABORATORY FACILITIES

Pathological and Bacteriological examinations are made by The Public Health Laboratory Service in Stafford.

WELFARE OFFICERS

Area Welfare Officer Mr. R.C. Cox, 6a Birch Street, Wolverhampton.
Child Welfare Officer: Miss White, 153 Tettenhall Rd. Wolverhampton.
Social Worker: Miss Burd, Old Police Buildings, Dudley.

CLINICS AND TREATMENT CENTRES

1. THE QUADRANT CLINIC, SEDGLEY.

Ante-Natal Clinic

Friday morning weekly.

Child Welfare Clinic

Wednesday afternoon weekly.

School Clinic

Wednesday morning fortnightly.

Speech Therapy

Tuesday all day weekly.

Dental Clinic

By arrangement.

Relaxation

Monday afternoon weekly.

Physiotherapy

Friday afternoon weekly.

Chiropody Service

(Has been in abeyance during the greater part of the year - No Chiropodist being available).

2. BLEAK HOUSE CLINIC, UPPER GORNAL

Child Welfare

Tuesday afternoon weekly.

School Clinic

Tuesday morning fortnightly.

Eye Clinic

Monday afternoon weekly.
(During term time).

E.N.T. Clinic

Periodically.

Chiropody Service

(Has been in abeyance during the greater part of the year - No Chiropodist being available).

3. BULL STREET CLINIC, LOWER GORNAL

Child Welfare Clinic

Friday afternoon weekly.

School Clinic

Friday morning fortnightly.

Ante-Natal Clinic

Friday morning fortnightly.

Physiotherapy Clinic

Tuesday weekly all day.

Chiropody Service

(Has been in abeyance during the greater part of the year - No Chiropodist being available).

OLD PEOPLES CLUBS

Secretary:

O.A.P. Club,
Sedgley.

Miss Ashton,
62 Ridgeway, Sedgley.

O.A.P. Club,
Upper Gornal.

Mrs. E. Dews,
14 Ridgeway, Sedgley.

O.A.P. Club,
Lower Gornal.

Mr. E. Cox,
66 Redhall Road, Lower Gornal.

DOMESTIC HELP SERVICE

This service is provided through the Area Health Office, Brierley Hill, and the Sedgley Urban District is provided for as follows:-

Domestic Helps 9

Neighbourly Helps 2

AMBULANCES

The Ambulance Services are operated by the County Council. The movement of all sitting and stretcher cases is controlled by Tipton Station (Birch Street, Tel. No. Tipton 3121-2-3). Radio is fitted in approximately 75% of the vehicles and intercommunication and contact is operated through Tipton. This should contribute to the speeding-up of the service.

The movement of Infectious Disease, with the exception of Smallpox, is also dealt with through Tipton.

VITAL STATISTICS

	<u>M.</u>	<u>F.</u>	<u>TOTAL</u>
LIVE BIRTHS	307	276	583
Legitimate	301	272	573
Illegitimate	6	4	10
Live Birth Rate per 1,000 population (crude) ...	...	...	19.47
Standardised Birth Rate ...	...	...	17.91
Illegitimate live births per cent of total live births			1.71
Still-births ...	...	...	11
Still-birth Rate per 1,000 Live and Still-births ...	...	...	18.51
Total Live and Still-births ...	...	...	594
Infant Deaths ...	...	...	11
Infant Mortality Rate per 1,000 live births ...	...	...	18.51
Legitimate Infant Mortality Rate per 1,000 legitimate births			17.45
Illegitimate Infant Mortality Rate per 1,000 illegitimate live births ...			100.0
Neo-natal (first four weeks) Mortality Rate per 1,000 live births ...			12.00
Early Neo-Natal Mortality Rate (deaths under one week) per thousand live births			18.86
Perinatal Mortality Rate (still-births and deaths under one week combined) per thousand live and still-births ...	...	...	30.30
Maternal Deaths (including abortion) ...	...	...	Nil
Maternal Mortality Rate per 1,000 live and still-births			Nil
	<u>M.</u>	<u>F.</u>	<u>Total</u>
Deaths ...	196	202	398
Death Rate (crude) ...	...	...	13.29
Standardised Death Rate ...	...	...	12.62
Deaths from Cancer (all ages) ...	...	...	69
Deaths from Measles (all ages) ...	...	...	Nil
Deaths from Whooping Cough (all ages) ...	...	...	Nil
Deaths from Gastritis, Enteritis and Diarrhoea ...			1

CAUSES OF DEATH DURING THE YEAR 1962

	<u>M.</u>	<u>F.</u>
Tuberculosis, respiratory	2	1
Tuberculosis, other	-	-
Syphilitic diseases	-	-
Diphtheria	-	-
Whooping Cough	-	-
Meningococcal infections	-	-
Acute poliomyelitis	-	-
Measles	-	-
Other infective and parasitic diseases ...	1	-
Malignant neoplasm, stomach	4	5
Malignant neoplasm, lungs, bronchus	12	-
Malignant neoplasm, breast	-	14
Malignant neoplasm, uterus	-	1
Other malignant and lymphatic neoplasms ...	17	16
Leukaemia, aleukaemia	-	-
Diabetes	1	2
Vascular lesions of nervous system	24	36
Coronary disease, angina	48	41
Hypertension with heart disease	5	7
Other heart diseases	17	27
Other circulatory diseases	7	7
Influenza	1	-
Pneumonia	12	8
Bronchitis	21	7
Other diseases of respiratory system	2	1
Ulcer of stomach and duodenum	2	-
Gastritis, enteritis and diarrhoea	-	1
Nephritis and nephrosis	5	-
Hyperplasia of prostate	2	-
Pregnancy, childbirth and abortion	-	-
Congenital malformations	5	1
Other defined and ill-defined diseases ...	6	12
Motor vehicle accidents	1	-
All other accidents	-	8
Suicide	1	4
Homicide and operations of war	-	3
	<hr/>	<hr/>
	196	202
	<hr/>	<hr/>

BIRTH RATES

YEAR	S E D G L E Y			England & Wales Birth Rate
	Number of Births	BIRTH RATE		
		Crude	Standardised	
1953	312	13.18	-----	15.5
1954	304	12.74	-----	15.2
1955	293	12.34	-----	15.0
1956	345	14.29	13.58	15.7
1957	385	15.62	15.15	16.1
1958	352	13.89	13.47	16.4
1959	394	15.00	13.95	16.5
1960	474	17.28	16.07	17.1
1961	538	18.97	17.45	17.4
1962	583	19.47	17.91	18.0

DEATH RATES

YEAR	S E D G L E Y			England & Wales Death Rate
	Number of Deaths	DEATH RATE		
		Crude	Standardised	
1953	677	28.6	----	11.4
1954	742	31.09	----	11.3
1955	726	30.58	----	11.7
1956	642	26.60	10.90	11.7
1957	592	24.01	11.28	11.5
1958	548	18.08	10.48	11.7
1959	370	14.08	10.71	11.6
1960	392	14.29	11.00	11.5
1961	395	13.93	11.42	12.0
1962	398	13.29	12.62	11.9

INFANTILE MORTALITY 1962

Deaths from causes stated at various ages under one year of age.

CAUSES OF DEATH	Under 1 week	1 - 2 weeks	2 - 3 weeks	3 - 4 weeks	TOTAL under 1 month.	1 - 3 months	3 - 6 months	6 - 9 months	9 - 12 months	TOTAL DEATHS under 1 year.
Prematurity	2	1	1	1	2	1	1	1	1	2
Bronchopneumonia	1	1	1	1	1	1	1	1	1	1
Dehydration Ketosis	1	1	1	1	1	1	1	1	1	1
Acute bronchitis	1	1	1	1	1	1	1	1	1	1
Congenital abnormalities	1	1	1	1	1	1	1	1	1	1
Acute encephalitis	1	1	1	1	1	1	1	1	1	1
Cerebral oedema	1	1	1	1	1	1	1	1	1	1
Gross foetal abnormality	1	1	1	1	1	1	1	1	1	1
Hydrops foetalis	1	1	1	1	1	1	1	1	1	1
Large encephalocelle	1	1	1	1	1	1	1	1	1	1
	7	1	1	1	7	1	1	2	1	11

INFANTILE MORTALITY RATES

YEAR	S E D G L E Y			England & Wales Rate per 1,000 births
	Births	Deaths	Rate per 1,000 births	
1953	312	6	19.23	26.8
1954	304	13	42.76	25.5
1955	293	13	44.37	24.9
1956	345	10	28.98	23.8
1957	385	18	46.75	23.0
1958	352	12	34.09	22.5
1959	394	7	17.77	22.0
1960	474	12	25.3	21.7
1961	538	12	22.30	21.4
1962	583	11	19.47	21.4

OPHTHALMIA NEONATORUM

No case of this disease was notified during the year in Sedgley Urban District, nor have any cases been recorded in the urban district for many years, a situation that reflect on the efficiency of the midwives.

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER
DISEASES

The total number of notified cases of infectious disease was 12 as against 461 last year, exclusive of Tuberculosis.

Scarlet Fever

9 cases as against 7 last year.

Whooping Cough

No cases as against 1 last year.

Measles

3 cases as against 449 last year.

Remarks on Infectious Disease

There were no cases of poliomyelitis or diphtheria and no cases of whooping cough. All those diseases are the ones against which immunisation is urged and against which facilities and sessions for immunisation have been available throughout the year. Further statistical information of vaccination and immunisation are given in succeeding pages.

As regards the incidence of pulmonary tuberculosis in the district during the last decade, the fall in the number of new cases has been marked. In 1953 there were twenty-six as against seven in 1962.

The means we have at our disposal for the detection and further reduction of this disease, is greater use of mass radiography, B.C.G. vaccination and contact checking.

Radiography in relation to the early detection of tuberculosis and other conditions and its value in ensuring early treatment cannot be overestimated.

MASS RADIOGRAPHY

Arrangements for Mass Radiography can be made with the Directors of the Units at New Cross Hospital and Dudley when considered desirable.

No mass survey of the district was carried out this year. One was made last year. A three yearly rotation is considered sufficient. Of course the facility and proximity of the units is made use of by the local practitioners for diagnostic and progress information in respect of their patients. Individuals may also visit the units if they think such is advisable and of course health-visitors can press family contacts to visit the units and have an X-ray examination.

In my remarks on the association of cigarette smoking with the increase of deaths from lung cancer, I quote an observation of Dr. Hutchinson, the Medical Director of the Wolverhampton Mass Radiography Unit:-

"The steady rise in the number of cases of carcinoma continued; depressingly few were within the reach of surgery. One noted automatically that almost all were heavy smokers".

Dr. Hutchinson also makes the observation that the tuberculosis rate among Asian immigrants would appear to be high.

I quote also from the 1962 Report of Dr. Posner of the Dudley Unit.

"The amount of tuberculosis found, fell significantly; the amount of lung cancer discovered, increased. This is in keeping with national findings".

"The number of cases of tuberculosis examined, requiring close Clinic Supervision or treatment gave a prevalence rate of 1.4 per 1,000".

"In respect of Asians, of 224 Pakistanis examined, 6 cases of active tuberculosis were revealed, a rate of 26.8 per 1,000; and of 187 Indians examined 2 cases were revealed, a rate of 10.2 per 1,000".

CASES ADMITTED TO HOSPITAL

MOXLEY HOSPITAL

Gastro-Enteritis	...	...	...	3
Quinsy..	...	...	...	1
Abortion	...	...	...	1
Tonsillitis	...	...	...	2
Dermatitis	...	...	...	1
Bronchitis	...	...	...	2
Chickenpox	...	...	...	1
Orchitis	...	...	...	1
Scarlet Fever	...	...	...	1
Streptococcal Infection	...	...	...	5
Staphylococcal Infection	...	...	...	1
Asthma	...	...	...	2
Tetanus	...	...	...	1
Pneumonia	...	...	...	2
Glandular Fever	...	...	...	1

HAYLEY GREEN HOSPITAL, HALESOWEN

Gastro-Enteritis	...	...	...	1
Respiratory Infection	1
Pneumonia	2

PRESTWOOD SANATORIUM

Tuberculosis	2
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THE LIMES, SANATORIUM

Pulmonary Tuberculosis	2
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SWABS AND SPECIMENS submitted to the Public Health Laboratory:-

Sputa Swabs	40
Cultures for Myco-Tuberculosis	...	...	...	38
Faeces	...	...	...	103

The greater majority of the sputa swabs were submitted by the Tuberculosis Officer.

GENERAL MEASURES

School Notifications of Infectious Disease are received by the Health Department and carefully studied for any features necessitating prompt action.

When desirable the schools are disinfected and terminal disinfection of premises and articles in affected households which have been exposed to infection carried out in all cases.

DISINFECTION OF CONTAMINATED CLOTHING AND BEDDING

An arrangement exists with the Public Health Department, Dudley, for the disinfection of contaminated clothing and bedding if the need should arise.

VACCINATION AND IMMUNISATION

The County Council does not provide for a Vaccination Centre in Sedgley, but arrangements can be made with the Medical Practitioners by those who wish themselves or their children vaccinated against Smallpox. Provision of such a centre is now under consideration.

Immunisation against Diphtheria, Whooping Cough and Poliomyelitis are undertaken in the Child Welfare and School Clinics, while special Immunisation Sessions in Schools provide for an increase in the immunity of the child population. The administration of poliomyelitis vaccination is in the hands of the Area Health Office at Brierley Hill.

Private Medical Practitioners are also prepared to immunise on request.

The following information in respect of vaccination and immunisation has been supplied by the Brierley Hill Area Health Office:-

Small-pox

Vaccinations performed during 1962:-

Number vaccinated	... under 1 year	232	(82)
"	" ... 1 to 4 years	227	(20)
"	" ... 5 to 14 years	538	(4)
"	" ... 15 years and over	1166	(11)
Total		2163	(117)
Number re-vaccinated	1 to 4 years	44	(0)
"	" 5 to 14 years	129	(1)
"	" 15 years and over	1340	(11)
Total		1513	(12)

The phenomenal increase on last year was due to the scare in the Bilston area.

Diphtheria - Immunisation

Total number of children who have received
primary immunisation during 1962 ... 381 (411)

Number who have had a re-inforcing
injection during 1962 50 (559)

Total 431 (970)

Whooping Cough

Number of children immunised during the
year ended 31st December, 1962. ...

Under 5 years of age... ... 270 (318)

From 5 to 14 years 1 (15)

Total 271 (333)

(Figures in brackets relate to 1961).

In respect of whooping-cough I give some interesting
information:-

1951 (E. & W.) Number of notified cases 169,000
Number of deaths 453

1961 (E. & W.) Number of notified cases 24,000
Number of deaths 27

In 1960 and 1961, of 64 children who died in those years,
60 had had no whooping-cough vaccination.

The dramatic reduction in deaths since 1951 can be largely
attributed to the introduction and efficacy of vaccination.

POLIOMYELITIS - Immunisation

Figures are not available at date of reporting.

EVENING SESSIONS

In respect of these, they were extremely well attended and
this is possibly accounted for by the fact that the oral vaccine,
Sabin, was in use.

Total attendances are not yet to hand.

AGE - GROUPS AND LOCALITY - DISTRIBUTION OF INFECTIOUS DISEASES
(Excluding Tuberculosis) Notified in 1962

DISEASE	Total all Ages	S E X		Under one year	1 -	2 -	3 -	4 -	5 to 9	10 to 14	15 to 24	25 to 44	45 to 64	65 and over	Sedgley	Upper Gornal	Lower Gornal	Goldthorn Park
		M	F															
Scarlet Fever	9	3	6	-	-	1	-	1	4	2	1	-	-	-	4	1	1	3
Measles	3	-	3	-	1	1	-	-	1	-	-	-	-	-	-	-	2	1
Total	12	3	9	-	1	2	-	1	4	2	1	-	-	-	4	1	3	4

TUBERCULOSIS

The number of new cases notified for the year was 7 pulmonary and 1 non-pulmonary as against 11 pulmonary in 1961.

AGE PERIODS	NEW CASES				DEATHS			
	Pul.		Non-Pul.		Respiratory		Other	
	M	F	M	F	M	F	M	F
Under 1 year	-	-	-	-	-	-	-	-
1 to 2 years	-	-	-	-	-	-	-	-
2 to 4 years	-	-	-	-	-	-	-	-
5 to 9 years	1	1	-	-	-	-	-	-
10 to 14 years	-	-	-	-	-	-	-	-
15 to 19 years	-	-	-	1	-	-	-	-
20 to 24 years	-	1	-	-	-	-	-	-
25 to 34 years	-	1	-	-	-	-	-	-
35 to 44 years	-	1	-	-	-	-	-	-
45 to 54 years	-	-	-	-	-	1	-	-
55 to 64 years	1	-	-	-	1	-	-	-
65 years and over	1	-	-	-	1	-	-	-
T O T A L	3	4	-	1	2	1	-	-

YEARLY FIGURES FOR THE LAST DECADE

YEAR	NEW CASES		DEATHS	
	Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary
1953	26	1	5	2
1954	13	1	7	-
1955	18	-	3	-
1956	17	-	5	-
1957	9	1	2	1
1958	10	-	3	-
1959	17	-	1	-
1960	10	-	3	-
1961	11	1	3	-
1962	7	1	3	-

Deaths are in relation to the total number of notified cases on the register.

TUBERCULOSIS REGISTER

Number on register 31st December, 1961 169

New Cases 8

Inward transfers from other
districts 5

13 13

182

Less cases removed from register 17

Number on Register 31st December, 1962 165

Inward Transfers from other districts:-

Coseley 3

Birmingham 1

Oldbury 1

Remarks

The comparative freedom from notifiable infectious disease might induce one to be of the opinion that the Sedgley Urban District ought to be on the list of health resorts. Such immunity may be fortuitous.

However, there was one school notifiable disease viz. Infective Hepatitis (Catarrhal Jaundice) which I had occasion to report to your Public Health Committee.

In the last three months of the year, this disease began to figure rather prominently in school notifications, particularly from Redhall School (Junior Mixed), Lower Gornal. The sustained incidence of this disease among school children of the younger age groups made me consider it advisable for control and preventive measures to be observed in respect of personal hygiene and toilet.

At times the incidence would appear to be abating and then suddenly flare up again.

The disease would appear to have been of a mild nature, but nevertheless occasioning absence from school for two to four weeks.

I communicated with the County Principal School Medical Officer on the incidence and he furnished me with the following report on the position in respect of this disease.

"The control of this disease has proved a most difficult problem because of the rather long incubation period and, in view of the fact that recent investigations have shown that for every person who develops frank jaundice, there will be a further four who do not develop this symptom. In addition, the possibility has recently been raised that there are chronic carriers and that frequently the virus is excreted for a period of up to six weeks.

As a result of this Sedgley outbreak, I had a discussion with the Director of the Public Health Laboratory Service in Stafford who informed me that, although some American observers had claimed to have isolated the virus, these assertions were unproven and, therefore, it was not possible to provide routine bacteriological assistance. Accordingly, I feel that the control of the disease is at present somewhat unsatisfactory and all we can do is rigidly enforce the Ministry's recommendations regarding the exclusion of cases and contacts who may exhibit suspicious symptoms.

In addition, of course, emphasis on hygiene after using the toilet is always impressed on Head Teachers of infected schools. Arrangements have been made for provision of paper towels, on the request of Head Teachers, to reduce cross infection during times of outbreaks".

SANITARY CIRCUMSTANCES OF THE AREA

Sanitary Inspection

The systematic inspection of the district has been carried out in an efficient manner. The general sanitary conditions of the district are satisfactory and there were no cases of notifiable disease attributable to insanitary conditions, apart from the incidence of bronchitis and respiratory affections due to dampness in the older types of houses, which defect of course is dealt with in house inspection.

Throughout the year your inspectors have continued to exercise their usual vigilance in respect of food hygiene and full advantage is taken of the Public Health Laboratory at Stafford to which doubtful or suspicious food samples are submitted for examination.

It is satisfactory to report there have been no cases of confirmed food poisoning in the district.

Water Supply

The Sedgley Urban District, with the exception of the Goldthorn Park area, is supplied by the South Staffordshire Water Works Company. The Goldthorn Park area receives the supply from the Wolverhampton Corporation Water Undertaking.

I am indebted to Mr. R.H. Taylor, B.Sc., M.I.C.E. and Mr. W. C. Johnson, M.I.C.E., M.I.Mech. E.M.I.W.E., the respective Engineers-in-Chief of the undermentioned undertakings for the following information.

"(a) South Staffordshire Waterworks Company

- (i) The water supply to Sedgley Urban District Council has been satisfactory in both quantity and quality.
- (ii) Sedgley Urban District is supplied with water mainly derived from three pumping stations all of which are situated outside the boundaries of the authority. Chlorination is practised at all three stations as a precautionary measure but owing to the method of chlorination, samples prior to chlorination are not obtainable at two of these stations.

During 1962, 157 samples of the chlorinated water were examined and 156 were found to be satisfactory. 52 samples of raw water from one of the pumping stations were also examined and of these, 51 were found to be free from coliform bacteria.

Samples of the supply within the boundaries of the authority were also examined during 1962. 34 samples from Sedgley elevated storage tanks, 17 from Sedgley reservoir and 17 from the Waterman's house, Sedgley were all found to be free from coliform bacteria.

- (iii) The waters are not liable to plumbo-solvency and the 17 samples from the Waterman's house were all free from any detectable quantities of lead.
- (iv) Chlorination is practised at most of the pumping stations as a precautionary measure. In cases of possible contamination in the event of burst or damaged mains, emptying reservoirs, etc. emergency chlorination is performed. Special staff and apparatus are available for this work. New mains etc. are not brought into use until the water has been examined and pronounced satisfactory.
- (v) The number of dwelling houses supplied from the public water mains:-
 - (a) 8082 direct to houses.
 - (b) 371 by means of stand-pipes.

The population supplied is estimated by the Company at 3.34 persons per house".

(b) Wolverhampton Corporation Water Undertaking

"The number of dwelling houses in the Goldthorn Park area supplied direct is 1,120 and the population thereof estimated at 3,920.

None are supplied by stand-pipe.

The water supplied is derived from a number of sources.

- (i) The water supply has been satisfactory in quantity and quality.
- (ii) The water supplied is not liable to have plumbo-solvent action.
- (iii) There has been no known contamination of the water supply subsequent to leaving the works.

Bacteriological examination is up to the required standard. Routine biological examination is now carried out on the full scale appropriate to the size of the undertaking and routine radiological examination commenced in the last quarter of the year. Only the full chemical analysis of the sources of supply now remains to be incorporated into the new scheme of water examination.

Number of Samples examined in 1962

(a)	Bacteriological	...	...	...	2270
(b)	Chemical	...	...	...	577
(c)	Biological	..	...	...	323
(d)	Radiological	...	...	...	76
	Total	..	...	...	3246"

Of the samples bacteriologically examined I calculate that approximately 98.5% were free from Coli-organisms per 100 ml.

From a careful perusal of the Water-Engineer's full and comprehensive report I am satisfied that the water supplied to the urban district is of a very high standard in respect of purity and the steps and precautions taken to ensure same all embracing.

SEWERAGE AND SEWAGE DISPOSAL

I am indebted to your Surveyor, Mr. W.M. Jones, B.Sc.(Eng) A.M.I.C.E., for the following report:-

Sewerage

During the year under review, the only foul sewerage carried out of note has been the overflow from the screen chamber at the head of the syphon in Straits Road. This overflow previously discharged onto the highway in the event of blockage of the screen or of the syphon, or in the case of surcharging of the syphon by very heavy rainfall. This has now been connected to the new pumping station constructed for dealing with the Ladbroke Grove development, and should prevent any pollution of the brook from this source.

Complaints of pollution of Bobs Brook are being investigated and old properties which might still be connected to the brook are being inspected.

Extensions have been carried out to the storm drains and additional gullies have been provided in several roads.

Sewage Disposal

Good progress was made with the reconstruction of the Lower Gornal Sewage Disposal Works and completion can be expected in the Summer of 1963.

The existing works were kept in operation and new tanks introduced as they were completed, and analyses have shown a gradual improvement in the quality of the effluent, as the older equipment has been replaced.

A certain amount of trouble was experienced during the year from smell from the sludge drying beds, and apparatus was installed for the purpose of spraying deodorant into the air upwind of the beds.

While it is impossible to have a Sewage Works without any objectional odour, much of the trouble has been due to the disorganisation inevitably caused by the carrying out of the extensive reconstruction works. Early in 1963 digestion tanks will be constructed to which the sludge will be pumped for "digestion", which will have the effect of rendering the sludge much less objectionable so far as smell is concerned, and also quicker drying.

During the year, a scheme for the complete reconstruction of Gospel End Sewage Disposal Works to cost in the region of £300,000, was submitted to the Minister for approval, and it is likely that a Public Inquiry will be held early in 1963.

At the Disposal Works at Gorge Road and Eve Lane which drain to the Trent River Board area, it is proposed during 1963, to install pumping plant to pump the drainings from the sludge drying beds to the head of the Works for treatment. At the present time, such under drainings find their way through the ground to the nearby brook and might be a source of pollution.

Public Conveniences

No new construction was undertaken during the year, and the existing six conveniences in the District were maintained as well as possible, having regard to the considerable damage and nuisance caused by irresponsible persons.

MUNICIPAL CEMETERY AND CREMATORIUM - GORNAL WOOD

(Sedgley, Dudley and Brierley Hill).

I am indebted to Mr. H.L. Rouse, F. Inst. B.C.A., Superintendent and Registrar, for the following information:-

"Number of cremations from 1st January to
31st December, 1962 605

Number of burials 1158

The number of burials include 13 stillborn burials.

The Crematorium has now been open for three years. The grounds are beginning to look more matured. Memorial seats are being placed for the use of the general public. (Two memorial services have taken place and it is hoped to run at least four further memorial services during next year 1963).

Cremation is definitely increasing in number each year but I feel that the residents of Sedgley are not using the facilities supplied by the Joint Committee when they are required, as much as they could. This could also be said about the Cemetery which is nicely matured and can claim to be one of the tidiest cemeteries in the district.

The percentage cremated out of the total number of deaths in the country for 1962 was 36.47".

New Mortuary

The building of the Council Mortuary was completed during the year and opened for admissions in October, 1962. The premises have subsequently been used for post-mortem examinations. The Mortuary is built on impressively modern lines and consists of a reception room, a viewing room, a waiting room, and the post-mortem room. The latter contains the refrigeration room with accommodation for six bodies.

Lavatories have been provided for the waiting-room and the post-mortem section of the building.

The post-mortem room contains a drained body-slab and a slab for examinations. Hot and cold water are provided with electrostatic geysers in the post-mortem room. A hose pipe has been fitted in the form of a rotating arm; lamps and electric heaters provide for good lighting and heating. An extraction and de-odourising fan purifies the air and a ventilator keeps the air circulating. The building is admirably suited for its purpose and should prove to be a great convenience, and is a great hygienic advance on the old post-mortem room which fell short of many hygienic and structural requirements.

Number admitted:-

October - December 1962	8
To date, 2nd November, 1963	21
Total since opening	29

OLD MORTUARY

The number admitted during 1962 - 23.

HOUSING

Mr. Jones, your Surveyor, has furnished me with the following information.

"Housing - Municipal

In 1962, the number of Municipal houses and flats completed was 82 being the completion of the Cricket Meadow Estate, shops and maisonettes in the Kent Street Redevelopment Area and houses and flats on various sites in Lower Gornal and Upper Gornal Districts.

The site preparation works were completed during the year, and the building of houses and flats (120) on the first stage was commenced.

A scheme was prepared for modernising some 160 pre-war Council houses by the provision of a hot water system, and this scheme will go to the Ministry early in 1963.

Private Development

The year saw the completion of 428 private houses and at the end of the year there were 245 under construction.

The private development referred to was spread over the whole District and included the Cotton Road area Goldthorn Park, Sandyfields Road, Sedgley Hall Estate, Straits Estate and at Ladbroke Grove off Straits Road".

In my opening letter I made special mention of the comprehensive, informative and all-embracing report of your Public Health Inspector, on the housing situation which will be found in succeeding pages.

Rehousing continues to be the outstanding demand of the country and your urban area is certainly contributing its share towards meeting the demand.

Looking back over the years the improvement in housing conditions in the district is most marked.

Four Clearance Areas have been confirmed in the course of the year. Nevertheless, many unfit houses still remain.

Again there are houses which might be brought up to a higher standard in respect of amenities.

For the purpose of effecting this, Improvement Grants were introduced but it is doubtful whether owners are fully availing themselves of this facility.

Standard Grants are also available for less ambitious and extensive improvements such as inside sanitary convenience and provision of bathroom.

Such grants are no doubt available but participation in the facility is often not so easy as it sounds. For example, the occupants may be elderly owner-occupiers and not prepared to take advantage of the facility at their age-expectation of life or in the absence of private means to contribute their share of the expense in carrying out the desirable improvements or on account of their inability to borrow in the open market and the reluctance of building-societies to participate in the improvement of such properties, nor is there evidence that landlords are prepared to provide the desirable amenities under the grant scheme in relation to the rents they would expect to get and not be readily forthcoming.

These factors may contribute to a disappointing response to the availability of Improvement Grants. The only answer of course to the situation is to make the provision of modern amenities compulsory.

Housing on Medical Grounds.

Such applications figure largely in personal interviews requested. The majority of them are supported by certificate from the family doctor.

Applications for interview on the grounds of bad and adverse housing conditions are also of high frequency. Where considered absolutely imperative, such cases are submitted to the Housing Tenancy Sub-Committee for special consideration for which I thank them.

The ill health on account of which applications for rehousing are made, are chronic bronchitis, rheumatism and illness attributable to the dampness of their houses, overcrowding and family disharmony and nervous debility in the housewife as the result.

REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR.

HOUSING

The Health Department revolves around Housing in all its aspects. We are no longer a "Nuisance" department, even if occasionally we feel that some members of the public would describe our activities by this term. Generally they use much stronger words.

It is understandable, of course, that requests to alter and improve long-standing conditions, often at considerable expense, are not always received with joy, but eventually the change is appreciated. And the change is indeed a remarkable one. Nowhere is it more clearly seen than in the environment in which our people live. The home is the family centre, and it is here that the greater part of one's life is spent.

The houses in this district are of a good standard and most of them are modern. While there are few of the really expensive houses, such as are occupied by the wealthy classes, there are on the other hand just over a thousand old houses classified as sub-standard.

Repairs to these older houses do not constitute a serious problem. We get few complaints in this respect. It is true that many of the tenants in the old houses are dissatisfied with the conditions under which they live, but it is not ~~disrepair~~ for which they seek a remedy, but the lack of modern amenities. Only a modern house will provide these.

It is no doubt true that if regular inspections were made street by street and house by house, many defects would be found, but we have never been able to carry out such intensive inspections with any regularity. Pressure of other work requiring immediate attention has always kept the department fully occupied. Any complaints made are, of course, attended to immediately.

This is where the real problem arises. In an old house with perhaps only a few years life, we must decide what it is reasonable to ask the owner to do and what it is reasonable to ask the tenant to put up with. We have not used the Housing Act for this purpose for a number of years as I do not think the type of property concerned warrants such a procedure. Instead, we rely on the nuisance sections of the Public Health Act. This sometimes has curious results, as the repairs we thus have carried out are not always those complained of.

There are many people who do not complain of their bad housing conditions - elderly people who have lived all their lives in one neighbourhood and are used to the conditions; those with restricted incomes who realise they cannot afford anything better; and some timorous souls who still go in fear of their landlord. There are also a number of people who complain but do not want any improvements or repair. They jealously guard the conditions under which they live. After all, it is the best way, in some cases the only way, to get a Council house.

The number of notices served for repairs to old property during the year were, therefore, few. For record purposes, the number of houses repaired through the service of notices during 1962 was 23.

Improvement Grants

While none of the thousand or so sub-standard houses referred to above are really worth any substantial improvement, there still remains about an equal number of houses, built in the early years of this century, which are structurally sound but which lack certain modern amenities. Such properties could be made into good houses.

We have no powers of compulsion in this respect. The service of notices will not avail here. Only persuasion, publicity and a growing desire by those concerned for better conditions will prevent this type of house from falling fairly soon into the lower category of sub-standard property.

Improvement Grants have been available to the owners of such houses for a number of years now, and very few have been applied for. In spite of national publicity those concerned seem uninterested. When the more simple Standard Grant was introduced, hopes were expressed that this would interest owners of property. In Sedgley it has not done so.

With regard to the properties suitable for Improvement Grants, we must distinguish between owner/occupied houses and those which are rented. As regards the latter, the owners in this district have shown practically no interest whatsoever. Perhaps it is understandable. The rents of many of the houses are controlled and the income from the rent is not high. Even after improvement the immediate profit to the owner is hardly high enough to encourage him to invest the capital sum necessary to obtain an improvement grant. When such a house does become decontrolled, the owner is generally anxious to sell it and so obtain an immediate cash benefit. It does not appear that much hope can be entertained for the improvement of such houses under present legislation.

With owner/occupied houses the position is more hopeful. Practically all the grants we have given have been in respect of such houses, and it is sometimes difficult to understand why the scheme has not been more popular. Financial difficulties may be the reason. Everyone who owns his own house is not necessarily in a good financial position. Indeed, the very fact of someone having to buy a house may be in itself a cause of his comparative poverty. Then again, the scale of values adopted by some people are not those of housing reformers. Some regard the motor car, the television set, the washing machine, the refrigerator and perhaps continental holidays as being higher up the scale than improvement and repair to the house in which they live.

Some people forget the question of disrepair when considering an improvement grant. They imagine they can get a grant for everything they would like to see done to the house, and are put off when they find that disrepair must be made good at their own expense. Others do not appear to be aware of what disrepair actually exists and are hoping to leave worm-eaten floorboards, perished brickwork and sagging roofs for a little longer until something happens.

It is still surprising, nevertheless, why more people have not taken advantage at least of the Standard Grants where much less is expected in the way of overall improvement.

During the year, 9 Improvement Grants were approved, the total sum of the grants amount to £2,324. 2s. 3d. In three of these cases the maximum grant of £400 was allowed. In addition, one Standard Grant was approved, the grant in this case being £103. 2s. 3d.

Unfit Houses.

When sub-standard houses fall below a certain standard, they can only be described as unfit for habitation. The standard is laid down in the Housing Act and is the only legal one we can adopt. In practice, however, when a house is inspected, thought is given as to whether or not anything within reason can be done to remedy the defects found. A house which we thus find to be unfit will always comply with the legal definition.

The great difficulty is not in determining whether a house is unfit or not - that is easy enough. The difficulty lies in deciding what to do with it. Often a pair of unfit houses will be found in the middle of a street of houses which are not unfit. To demolish such houses means leaving an ugly gap which is soon used as a general dumping ground. Again, an unfit house may be built against another house in good condition. Demolition of the unfit house may lead to complications over damage to the adjoining house. The houses in question may be in an area scheduled for clearance in a few years time, and if all the worst houses are demolished as soon as they become unfit, there will eventually be no justification for clearing the whole area.

There are thus two methods of dealing with unfit houses. In the extreme, you deal with each unfit house individually wherever it happens to be, until eventually your district looks like a bombed town, with unsightly heaps of rubble and rubbish dotted all over the place. At the other extreme you clear whole streets or areas at a time, taking all houses, even the good ones if there are any. This is more drastic, but it is eventually more satisfactory as it leads to orderly urban renewal.

One further reason for avoiding too much individual demolition lies in the fact that sometimes the vacant site may be used by private owners to build a new house on. People who have lived in one neighbourhood all their lives may be tempted to build a new house there on some vacant site. They little realise that they may thereby be knocking many years off the life of that house. Even the local authority have done this by filling gaps in estates built say in the 1920's by new houses built in the 1960's. What is going to happen say in the year 2020 when the original estate is 100 years old? The planners who may want to demolish the site and replan it in the light of conditions at that time, are surely not going to be handicapped by the presence of odd houses here and there which are only 60 years old. These newer houses will go with the others long before they need have done.

We are already finding this happening in Clearance Areas where we make Compulsory Purchase Orders and have to include comparatively good houses built during the present century. In fact, when considering the life of any particular house, it must be related largely to the life of its neighbours. Just as sporadic demolition has undesirable consequences, so has sporadic development.

There are cases, however, where individual demolitions are justified - in isolated houses; in cases where a few very poor houses are found in a good street; and in cases where a house is so bad that it is a positive danger to the occupants. There are, of course, other cases where pressure is brought to bear either by tenants or by owners to have demolition orders made, pressure which it is often difficult to resist.

During the year under review, 20 Demolition Orders were made by this Authority together with 2 Closing Orders, and the principles outlined above were closely observed in the making of these orders.

Clearance Areas

Our principal method of dealing with unfit and obsolete property is through Clearance Areas which are mostly dealt with by making Compulsory Purchase Orders. By this means we can clear sizeable areas suitable for redevelopment by the Council.

In the 1961 Report it was stated that at the end of the year we were awaiting Ministry confirmation on a number of areas, viz:- Kent Street/Spills Meadow/Inhedge Street area - 87 houses.

Summer Lane	-	26 houses
Ruiton Street	-	5 houses
East Street	-	5 houses

All these have now been confirmed.

During 1962, no further Orders were made by the Council, although 2 further Clearance Areas were put forward for consideration, one in Tower Street and Castle Street, containing 49 houses, and a small one in Ruiton Street of 5 houses.

The number of properties dealt with in Clearance Areas must always be related to our building programme. It is no use whatsoever making Clearance Areas if we do not have the houses to rehouse the people to be displaced. If the time getting a Compulsory Purchase Order confirmed seems long, it is still far quicker than getting new houses built.

There is still much to be done in the field of clearance. As the years go on, our standards continue to rise and the public expects them to do so. Houses which ten years ago were accepted by the tenants as reasonable accommodation are now the subject of continual complaint. The merely reasonable houses of today will be unfit by the standards expected ten years hence. In fact, the whole business of replacing old houses with new will be a never-ending operation. It won't be so very long, in fact, before some of our Council houses are so completely out-of-date as to warrant replacing. It is true that modernization could take place, but it is doubtful if this will ever be undertaken on a sufficiently comprehensive scale.

Rehousing

There is never any difficulty, from the administrative point of view, in rehousing families from Clearance Areas or other condemned property. The letting of all Council houses is carried out by the Health Department and all such families are given preference. Such difficulties as do arise are caused by the human problem of trying to satisfy the personal needs of the families concerned. Every effort is made to rehouse the families in the accommodation of their choice, and no one is forced out of their homes against their will. The greatest difficulty arises in the rehousing of elderly people. There never is sufficient accommodation of this type. In spite of repeated reports on the need for a sufficient number of small flats or bungalows, the planners of our estates seem loth to provide what is required. The result is that redevelopment of Clearance Areas is continually being held up for this reason.

With regard to lettings from the general application list, the position is fairly satisfactory. It is admitted that there is still a considerable waiting list for Council houses, but the waiting period for those really in need is not too long. As an example, a couple in lodgings with 2 children could be rehoused shortly after 2 years on the waiting list.

The most serious position is in respect of elderly people, for whom there is a separate list. When one considers the overall shortage of such accommodation and the needs of those in condemned property, the position of many of the others on the waiting list is at present just hopeless. Many more one-bedroom flats or bungalows are required, especially in the Sedgley area where the need is the greatest.

During the year a total of 217 families were rehoused. The figure for 1961 was 146, and for 1960 it was 256. The figure of 217, however, includes 77 cases of families moved from houses already owned by the Council into more suitable accommodation. Of the 140 completely new lettings, 40 were from condemned property and 100 from the general waiting list.

The position of our application list at the end of the year is as follows:- (The previous year's figure is shown in brackets).

Applicants at present in lodgings	234	(287)
Applicants from outside district	29	(51)
Applicants presently tenants of old houses	194	(232)
Applicants for single bedroom flats	89	(94)
Applicants of all kinds already approved and awaiting rehousing	115	(73)
	<hr/>	<hr/>
	661	(737)
	<hr/>	<hr/>

The reduction in the waiting list of 76 is very welcome, especially as it follows a reduction from 1960 of 101. In fact, the housing position is gradually getting under control. We have still a long way to go, but at least, the end is in sight.

FOOD INSPECTION AND HYGIENE

Slaughterhouses

Three private slaughterhouses were in use throughout the year. The times of killing were such that meat inspection was required every weekday and at some time during practically every weekend. All bank holidays also had to be covered for meat inspection. Even on weekdays, meat inspection was not always possible within recognised office hours, as we have no control over the hours of killing.

All animals slaughtered at the above premises were inspected. Priority is given to this work and on no occasion was any animal missed. The results of our inspection are given in the following tables.

Tuberculosis

	<u>Number Inspected</u>	<u>Whole carcasses condemned</u>	<u>Part Condemned</u>	<u>Percentage affected</u>
Cattle (including calves)	1002	Nil	2	0.2
Pigs	3142	Nil	46	1.5
Sheep	7605	Nil	Nil	Nil

- - - - -

Other Diseases

	<u>Number Inspected</u>	<u>Whole carcasses condemned</u>	<u>Part Condemned</u>	<u>Percentage affected</u>
Cattle (including calves)	1002	Nil	138	13.8
Pigs	3142	1	116	3.7
Sheep	7605	6	339	4.5

The Appointed Day for the coming into force of the new regulations was fixed for the 1st January, 1963. This meant that a great deal of work had to be carried out in the slaughterhouses, because each of the three owners wanted to continue to use their premises as slaughterhouses.

Although full details of all requirements were in the hands of the owners of the premises at the beginning of the year, the work of reconstruction proceeded very slowly. The general attitude seemed to be, "There is plenty of time. The Regulations don't come into force till the 1st January next". In spite of repeated warnings of the danger of such procrastination, it became obvious in the autumn that the necessary works would not be finished in time.

After a meeting of the Health Committee on the 6th November, a final warning was sent to all slaughterhouse owners. Attention was also drawn to the fact that their present licences expired on the 31st December, 1962, and would not be renewed unless all work was completed.

At the Health Committee meeting on the 4th December, the work had still not been completed, and it was resolved to hold a special meeting of the Committee at the end of the month in order to issue licences if the work should by then be completed. No meeting was called as none of the three slaughterhouses complied in all respects with the Regulations on the 31st December. All slaughtering in this district, therefore, ceased on this date.

Food Premises

Premises where food is manufactured, rather than merely sold, are visited frequently. We regard such places as dangerous from the public health point of view, and although no infection has yet occurred which could be traced to any place in this district, we are not always perfectly happy with the conditions found.

Human food in a mass, especially before its finished state, is seldom a pretty sight. The methods by which it is, perhaps of necessity, handled are very different from those of the housewife in her own kitchen. The food-handlers often display an unconcern with any aesthetic considerations and quite often little understanding of the principles of hygiene. The premises themselves are often regarded as mere workplaces and little interest is taken in them.

If there is one fault more apparent than others, it is a general lack of cleanliness. It practically never gets to the stage when an offence could be said to have been committed, but more than once, food preparing premises have been in far from the spotless condition in which they should have been.

I have a feeling that some of the personnel consider cleaning up to be rather beneath them. They are tradesmen - butchers, bakers, etc., and not cleaners. It has been suggested in certain premises that someone ought to be engaged to do nothing but cleaning. So far, the suggestion has not had any effect in the particular premises.

In shops the problem is very much less acute. Nowadays, most foodstuffs are prepacked, and in those cases where open food is still sold, it is displayed, cut, weighed and packed under the eyes of the customer, probably the greatest safeguard there is.

Canteens, school kitchens, hotel kitchens, and restaurants also present problems, but here at least there is generally a competent person in charge who is fully aware of the dangers and alive to their prevention. It is still observed how loth architects or designers are to making kitchens large enough. This complaint comes not only from this department but from the kitchen staff themselves. It all comes back to the eternal habit of the business man to lavish expenditure on what the public can see and to skimp and save on what is out of sight.

The following paragraphs give details of some of the actual inspection and sampling of foods carried out during the year. These samples had to be taken to the Public Health Laboratory at Stafford for examination, a somewhat lengthy journey. While most of the results were inconclusive, they at least provided a scientific check on our work in the field. When shown to an offending retailer or manufacturer, the laboratory results may have added weight to our admonitions, although I doubt it. Owners of food premises are apt to treat laboratory findings with unwarranted scepticism. We believe, on the whole, however, that the taking of samples serves a very useful purpose, mainly as a source of information to ourselves.

During the year the following foodstuffs were condemned, mainly in shops, in most cases because of blown, leaking or damaged cans.

30	tins	of	meat
33	"	"	tomatoes
18	"	"	fruit
4	"	"	fish
3	"	"	baby food
2	"	"	beans
1	tin	of	soup
1	"	"	rice
54	lbs.	of	dried apricots
21	lbs.	of	fruit
28	lbs.	of	bacon
14 $\frac{1}{2}$	lbs.	of	fish
2	packets	of	rusks

During the year 70 samples of ice-cream were taken and submitted to the laboratory for examination. None of the ice-cream was manufactured in this district, in fact most of it was produced by very large firms. The main purpose of the sampling was to test the storage and handling arrangements in the retailers' premises. We are far from satisfied that retailers keep their stocks in proper rotation or that they do not keep goods too long in their shops. The jumble which is often to be seen in refrigerated cabinets makes one very suspicious. The results of the samples taken showed 51 samples placed in Grade I, two in Grade II, 7 in Grade III, and 1 in Grade IV. In cases of Grade III and IV, premises were revisited and the whole question of storage gone into carefully.

In addition to the above, 20 samples of lollies were also taken and submitted for examination. All these passed the prescribed test.

Samples were taken of various open foods from shops. Every shop in the district selling any appreciable quantity of open food was visited for this purpose. The object here was to test for micro-organisms capable of giving rise to food poisoning. In all, 108 samples were taken and examined for organisms of the Salmonella or Shigella groups.

All samples were found to be negative. I give below a list of the foodstuffs sampled.

Boiled ham	...	...	14
Bacon	...	...	8
Beef (meat)	...	...	1
Brawn	...	...	2
Cheese	...	...	9
Cakes	...	...	28
Corned beef	...	...	10
Custard pie	...	...	1
Fish	...	...	3
Meat or Pork Pies	...	...	3
Mince pie	...	...	1
Liver	...	...	1
Milk	...	...	1
Luncheon meat (various)	...	...	7
Roast pork	...	...	1
Tongue	...	...	9
Pressed meat	...	...	1
Pressed beef	...	...	1
Pudding - black	...	...	4
Trifle (sweet)	...	...	1
Sausage	...	...	1
Sausage roll	...	...	1

In order to test the cleanliness of food preparing premises, canteens and shops, food hygiene swabs were taken from working surfaces, utensils, etc., and submitted for bacteriological examination. Altogether 210 such swabs were taken and examined. In such cases, however, results can seldom be as decisive as in those previously described. There are micro-organisms everywhere (except where something has been made sterile). The question is how many should one consider as permissible on equipment where food for the public is being prepared. While it is admitted that such organisms can build up very quickly under favourable circumstances, nevertheless a certain amount of time is necessary. It is reasonable to assume, therefore, that when very large numbers are found, the equipment responsible has not been cleaned as well or as recently as it should. Moreover, very large numbers of organisms contaminating food stuffs could give rise to illness among the consumers.

Some examples of the results obtained are as follows. On working surfaces, bacteriological counts varied from under 100 to as high as over 10 million. Refrigerators from under 100 to 17,000 high up the walls. Rinsing water (not washing up water) over 10 million. Rags used in slaughterhouses over 10 million. Scales, butchers' blocks, tables, knives, all over 10 million in certain cases. Yet there were many instances where these same utensils showed counts of only a few thousand. It was obvious that these particular surfaces could be kept clean.

On receipt of complaints, 4 samples of drinking water were taken and submitted for analysis. All proved satisfactory.

Milk

During the year 41 samples of milk were submitted to a number of tests as follows -

30 samples passed the methylene blue test.

27 " " " phosphatase test.

11 " " " turbidity test.

FOOD AND DRUGS ACT, 1955.

List of Samples taken during the year 1962

General Foods

Number of samples taken = 79
Number of samples genuine = 79

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CLASSIFICATION

Liquid Paraffin B.P.	Rice Pudding with Full Cream Milk
33.3% Glycerine and Rose Water	Food Supplement
Boric Acid Crystals B.P.	Sage
Zinc and Castor Oil Cream B.P.	Sweetened Orange Drink
Compound Glycerine of Thymol B.P.	Butter Shortcake Biscuits
Pearl Barley	Stringless Green Beans
Real Chopped Pork	Washed Currants
Baked Beans with Hamburgers & tomato sauce	Pickled Eggs
Old Fashioned Condensed Tomato Rice Soup	Pate-de-Foie Truffle
Puff Pastry (2 samples)	Whole Strawberries in Heavy Syrup
Fish Sticks	English Pork Chippolatas with preservative
Mild Ale (2 samples)	Lamb Chops & Sausages with Beans in Tomato Sauce
Old Ale	Toasted Egg Rusk
Pork Sausage with preservative (3 samples)	Stewed Steak with Gravy
Black Pudding	Meat Pie
Corned Beef	Gateau
Chicken Pie	Chocolate Date Cake
Salmon & Shrimp Paste with 10% Butter	Rich Fruit Malt Cake
Tea	Date and Walnut Cake
Mint in Vinegar	Margarine 10% Dairy Butter
Steak & Kidney Pudding	New Zealand Butter
Boned Chicken	Cheeselets
Creamed Rice Milk Pudding	Curry Powder
Minced Steak with Rich Gravy	Mint Jelly
Pork Pie (2 samples)	Potted Sardine in Tomato
Pure Orange Fruitee	Rhubarb in Syrup
Chocolate Ripple Dairy Milk	Sparkling Orangeade
Ice Cream	Chocolate Covered Sweet Bar
Custard Powder	Coffe & Chicory Essence
Yellow Cling Sliced Peaches in Heavy Syrup	Blueberry Turnovers
Fruit Salad	Quick Frozen Garden Peas
Orange Squash (2 samples)	Fine Old British Ruby Wine
Porridge Oats	Fine Old British Cream Sherry
Ground Almonds	Dinner Wine
Mincement	Tonic Wine
Peeled Plum Tomatoes	Apricot Wine
Glace Cherries	
Minced Meat Loaf	

ATMOSPHERIC POLLUTION

Industrial Premises

The two brickworks, mentioned in my last report are still most unsatisfactory. The processes are, of course, scheduled ones and under the control of the Alkali Inspectorate. Both premises are within Smoke Control Areas, which makes the problem worse from our point of view. We are in close touch with the Alkali Inspector, however, and it is hoped that improvements will take place through conversion to oil firing at an early date.

One other serious problem has arisen in a factory manufacturing wireless and television cases. These are made from a resin-bound pressed paper. The off-cuts, the parts punched out, and rejected cases are most difficult to dispose of. They are very inflammable and burning has so far been the only solution in view of the vast quantity accumulated. Unfortunately, burning produces a dense black and irritating smoke. The company concerned have experimented with different types of incinerator, all said to be smokeless, with indifferent results. This problem is still being actively pursued.

No other industrial problem of any significance confronts us. As a whole, the district is not an industrial one, and what industry there is, is situated mainly on the outskirts.

Smoke Observations

We have 3 stations, situated one each in Sedgley, Upper Gornal and Lower Gornal, where daily readings are taken of smoke pollution and sulphur dioxide content of the atmosphere.

A measured quantity of air passes through a filter and the amount of soot collected thereon is carefully measured by means of a reflectometer. The same air passes through a neutral solution of hydrogen peroxide, which is then examined and the acid content obtained by means of titration.

The results are tabulated and sent to the Warren Spring Laboratory of the Department of Scientific and Industrial Research, which obtains other figures from all over the country. A nation wide record is thus being prepared of atmospheric impurities.

With regard to our own results, it is difficult to see clearly any definite trend or pattern, apart from the broad one that atmospheric pollution is worse during the winter months. Our district is so comparatively small in area that winds could blow right across it in a matter of minutes. Still, the fact that both smoke and sulphur dioxide are much higher during the winter months, does suggest that the domestic chimney has a great deal to do with atmospheric pollution. After all, industrial pollutants come out all the year round.

A table is attached giving the average monthly readings from the 3 stations (marked A) together with the highest figure recorded during the particular month (marked H). The very high readings occasionally obtained, occurred during foggy weather. During 4 months of the year, the station at Jews Lane was out of action owing to an electricity failure and a lengthy argument with the Midlands Electricity Board about putting in a separate supply to this station.

Reducing the figures in the table to more manageable proportions, we find that as regards smoke, the annual average for the 3 stations was as follows:-

1. Jews Lane Depot	66
2. Straits House	71
3. Health Department Office	68

For sulphur dioxide, the figures are:-

1. Jews Lane Depot	61
2. Straits House	104
3. Health Department Office	60

All figures are expressed as microgrammes per cubic metre of the air tested.

When one compares the figures from the stations, it is noted at once that those from Straits House are the highest, yet this is the only station situated within a smoke control area. The Jews Lane station is as near an industrial site as we can get in this district, and the office station is on the main road in the middle of the town.

One can only guess at the reasons for the high figures at the Straits House station. The other two stations are at the top of the hill, while the Straits is down in the valley. It has been noticed often that when there is fog in the valley, it is clear at the top of the ridge. This difference of altitude may be one of the reasons for the much purer air at the top. Sedgley and Upper Gornal, which are at the top of the hill, have always had a reputation for being healthy places, although I have often found them perishing cold places.

When one compares our results with those of other districts, we find for example Sheffield three times greater, Salford 4 times greater, Scunthorpe 3 times greater, Wolverhampton about the same, Brierley Hill about twice as high. There are, of course, places with lower figures, such as Ayr, Bingley, Chelmsford, Exeter and so on, but it must be remembered that we are in the Black Country. On the whole, the figures published for the whole country show that Sedgley's air is cleaner than most, and certainly much better than one would expect from its position in one of the largest conurbations in the country.

Smoke Control Areas

Throughout the year, work proceeded energetically in the extension of our smoke control programme. The actual position in the district is as follows.

<u>No.1. Area</u>	512 houses in an area of 60 acres. Confirmed 1959. In operation since 1960. We have had no trouble here and everything is working satisfactorily.
<u>No.2. Area</u>	A rapidly expanding area of about 1,000 houses in an area of 425 acres. Came into operation October 1961. Once again, there has been no trouble of any kind.

Nos. 3, 4, 5, and 6. Four small areas taken together, containing 423 houses in an area of 31 acres. These were confirmed in 1961 and came into operation in July 1962. Everything here is working satisfactorily.

No. 7. Area Another rapidly expanding area of about 700 houses in an area of 604 acres. At the end of the year this area had not yet been confirmed.

No. 8. Area This area contains 222 houses in an area of 272 acres. At the end of the year, the Order had been submitted to the Ministry.

The figures from these 8 areas show a total of 2857 houses and an area of 1392 acres. There are a few business premises within these areas but their number is not significant. We can say that, roughly, one third of our district has been covered by smoke control orders.

The reaction of the public now is generally one of philosophic acceptance of a position which is expected. There are, of course, always a minority of voluble opponents. After an Order has become operative, however, very little is heard from such objectors.

The presence of brick works in our No. 7 and No. 8 areas is certainly an embarrassment, but we hope this problem will be satisfactorily solved at an early date.

At the March meeting of the Health Committee careful consideration was given to the Ministry Circular 4/62 asking local authorities to review their progress and if at all possible to bring forward their completion date. In effect, this means speeding up the work of making Orders.

The Committee agreed to a speeding up of the work and it is hoped that we can manage to do so. The department, however, is far from being over-staffed. With only 3 inspectors, and considering the various jobs we have to do, it is going to be really difficult to show much greater progress than we have already done.

TABLE OF SMOKE CONCENTRATIONS

TESTING STATION	Jan.		Feb.		March		April		May		June		July		Aug.		Sept.		Oct.		Nov.		Dec.	
	H	A	H	A	H	A	H	A	H	A	H	A	H	A	H	A	H	A	H	A	H	A	H	A
1. JEWS LANE DEPOT	+	+	+	+	+	+	+	+	94	52	36	13	67	27	64	19	114	34	185	66	302	145	263	171
2. STRAITS HOUSE, LOWER GORNAL	307	75	212	67	161	76	156	73	129	61	44	15	73	34	72	22	105	42	179	71	329	154	246	159
3. HEALTH DEPARTMENT OFFICE	246	106	196	59	146	70	117	66	106	53	51	17	77	34	54	15	98	38	193	66	359	133	372	162

+ Apparatus not functioning

TABLE OF SULPHUR DIOXIDE CONCENTRATIONS

TESTING STATION	Jan.		Feb.		March		April		May		June		July		Aug.		Sept.		Oct.		Nov.		Dec.	
	H	A	H	A	H	A	H	A	H	A	H	A	H	A	H	A	H	A	H	A	H	A	H	A
1. JEWS LANE DEPOT	+	+	+	+	+	+	+	+	58	42	65	27	127	36	47	20	82	41	187	81	294	111	363	131
2. STRAITS HOUSE, LOWER GORNAL	611	105	261	104	293	150	237	121	310	93	191	50	118	54	107	26	182	69	265	112	470	182	287	185
3. HEALTH DEPARTMENT OFFICE	204	50	141	67	164	70	129	61	115	49	121	37	71	38	40	16	94	37	188	77	263	105	360	112

PUBLIC CLEANSING

Household Storage Arrangements

The normal refuse container in this district is the 2½ cu. ft. B.S.S. dustbin. As we have no municipal bin provision scheme, we can only encourage the use of the above bin as a standard, not enforce it. Many private owners still purchase corrugated bins of varying makes and sizes. It appears that such bins are more easily obtainable in the shops - some of them are also cheaper.

During the year the Health Committee again discussed a municipal bin provision scheme, but once again, nothing has come of it. When bins wear out, apart from those in Council owned property, we still have to go through the routine of sending preliminary notices, reporting to Committee, sending statutory notices, perhaps eventually supplying a bin in default, sending an account for same, and then endeavouring to recover the amount. When it is realised that to carry out this system properly an inspection is required at each stage, and that hundreds of bins wear out each year, the work involved is quite considerable. It has been found in practice that the refuse collectors cannot be relied upon for such inspections, and a bin provision scheme would enable the staff to devote their time to more important duties.

The question of paper sacks as an alternative to the galvanised dustbin was discussed by the Health Committee, but the high cost of such a method was the deciding factor in our decision to retain our present methods, at least for the time being.

Refuse Collection

A weekly service of refuse collection is made to all properties in the district, and a few places have a more frequent collection. This service was maintained throughout the year, even in the adverse conditions pertaining during the first week of January. The snow could not have come at a more inopportune time, as this was the week following the Christmas holiday and with the usual extra refuse in the bins. While the main roads were cleared very soon, the side streets were untouched in the early part of the week. Many streets were impassable to our vehicles, necessitating long carries by the binmen. This obviously slowed up our work considerably, yet by the end of the week all bins had been cleared with the exception of a few in some very inaccessible places. To achieve this the men had to work considerably longer hours. On some nights it was between 6 and 7 o'clock before the vehicles returned to the depot. Under the conditions of our bonus scheme, no overtime or any other extra payments were made for this very tiring and lengthy work. The men are to be congratulated on their efforts which resulted in the service being back to normal in the second week of the year.

When it is said above that a weekly service is maintained, it is with the exception of holiday times. During the August Bank Holiday week, the whole department closes down, except for certain essential services. All bins are cleared during the following week. The same principle applies at the other Bank Holidays, two days each at Christmas, Easter and Whit, when no collections are made. The bins in the houses affected must wait until the following week.

We have had a few complaints about this, but in our opinion we cannot disrupt the whole department by altering the normal collection days for each street. Householders know when to expect the refuse collectors. Gates are unlocked, obstructing garages are left open, snapping dogs are tied up, and the last accumulation of rubbish in the houses is put in the bins. If the time of collection was not known, endless delays would occur and many bins would not be accessible.

During the year the Health Committee discussed the increasing problem of extra containers at many houses, some of them full of refuse. Cartons find their way into houses and some residents have been using these as extra bins. If they are left out in the open they get soaked with rain and the bottom drops out when the men lift them. They cannot be wheeled out with the bin trucks the men use and necessitate an extra journey. On occasions we have found 4 or 5 extra containers at one house, a bin, a bucket, a box and some cartons all full of refuse.

The Committee saw the problem and it was agreed that such unauthorised containers were both unhygienic, troublesome and unnecessary. It was resolved that only refuse in proper dustbins be removed. Where one bin was insufficient for any particular household, an extra bin should be obtained. This did not, of course, solve the problem of the cartons, but these will be removed by the men if neatly stacked and not filled with refuse.

The usual trouble arose over the question of trade refuse, not in the collection of same but in the collection of the accounts. Arguments over the number of bins or the amount of refuse arise continually, mainly because traders object in principle to this charge. We find it most difficult to substantiate the charge on moral grounds and are forced back on the strict legal interpretation of the statute. Perhaps one of these days our legislators will come to see that traders, who are usually highly rated, deserve a refuse collection service just like everyone else.

Refuse Disposal

All our refuse disposal takes place at Humphrey Street, Lower Gornal, and is controlled by covering all refuse at the end of every working day. No serious trouble occurred at the tip, but the annoyance from unauthorised tipping in the evenings and at week-ends is ever present. It is appreciated that the tip could be completely fenced in and locked, but the expense of doing this would be very high. So far, the Committee do not consider the expense justified.

Salvage

Apart from a small quantity of scrap metal, the only material salvaged was paper. As the market for this material throughout the year remained poor, in fact we had a quota above which we could not sell, no special effort was made to recover paper. What we received in a clean condition from shops and a few other places was baled. What went into the refuse vehicles went onto the tip. We managed to keep up to our quota, nevertheless. The total income from salvage was £856.

Establishment

The successful working of the Cleansing Section is in large measure due to the excellent work of the employees and their willingness to turn out in all weather conditions and to do the work of absent colleagues.

Considering the adverse conditions in which the men often have to work, the number of hours lost during the year was not excessive.

Total hours lost through sickness ...	...	2154
" " " " holidays ...	...	3154
" " " " vacancies ..	...	200
(i.e. men leaving and not being replaced immediately).		
Total ...		<u>5508</u>

This is equivalent throughout the year to 2½ men being absent all the time. The average time lost through sickness averaged only two weeks per man. When it is remembered that 13 weeks are allowed on full pay for sickness, it will be seen that criticism sometimes made that the men take advantage of the scheme is not justified.

Costs

Our annual unit costs for the collection and disposal of refuse are as follows.

Cost of collection per ton ...	...	£2
Cost of disposal per ton ...	...	3/7d
Cost of collection per 1000 population ...	...	£548
Cost of disposal per 1000 population ...	...	£49
Cost of collection per 1000 premises ...	...	£1,653
Cost of disposal per 1000 premises ...	...	£148
Total gross expenditure on collection ...	...	£15,716
Total gross expenditure on disposal ...	...	£2,249

The total gross expenditure can be divided as follows -

Labour ...	...	51%
Transport ...	...	42%
Plant, equipment, land and buildings ...	...	6%
Other items ...	...	1%

MISCELLANEOUS MATTERS

Inspections

As I mentioned in my last report, the number of inspections carried out appears to serve no useful purpose, as an inspection can take 2 minutes or 2 hours according to what is being inspected and for what purpose. Still, for record purposes I give the annual figures on these matters.

The total number of inspections carried out by the three public health inspectors was 7020. While many of these inspections, or visits, were not for the purpose of finding faults, those that were resulted in the serving of 161 notices requesting repairs, improvements or action of some kind.

Outstanding notices caused a further 503 re-inspections. In most cases, several re-visits were necessary to ensure that a notice was properly attended to. During the year, 187 notices in all were satisfactorily complied with, some, of course, being a carry-over from the previous year.

Caravans

In my last report I mentioned a very troublesome and altogether unsatisfactory caravan site which we had suffered for a year or two. Towards the end of 1962 we finally got possession of this site and moved all the caravans off. Although some moved out of the district, others moved to another site and set up there. Conditions were worse here than at the original site and once again the occupants with their caravans had to be moved by force. They split up again and found other places where they camped over the Christmas period. At this time of the year we found we had other work of a more important nature to attend to.

The unauthorised stationing of caravans on plots of vacant ground has been a source of trouble for many years. Quite apart from the legal aspects of the matter, I am of the opinion that the nuisance potential is exaggerated by local residents who often display a quite unreasonable animosity and an unchristian-like attitude. On the other hand, the occupiers of these caravans are far from blameless themselves. On more than one occasion we have offered a family housing accommodation which has been refused. On occasions where it has been accepted, the family have returned later to a caravan life, although knowing full well that they will be hounded about everywhere they go.

Pest Control

Nothing of a serious nature occurred in this direction. The known reservoirs of rat infestation, such as the sewage disposal works, were treated regularly during the year. Complaints are often received at the office from householders who have seen or heard a rat in their premises, or who imagine so. These are most difficult cases to deal with, as there are often few if any signs of rodent infestation. After all, the rats that still exist will wander about gardens and other waste land in search of food. The sight of a rat does not necessarily mean an infestation. If the public would realise that rats need three things in order to survive - food, water and shelter - they could do a lot to prevent any colony building up.

In other directions, there is little to report in the matter of pest control. We had a good summer, that is to say it was almost continually cold and wet. Very few species are able to successfully withstand that.

School Kitchens

It is gratifying to report that after lengthy-representations all the school canteens in the district were brought up to a very good standard during the year. Although this work took a long time to bring to fruition, there is no criticism of the Education Authority, as it is fully appreciated what an enormous task they had.

Conclusion

Finally, I wish to thank all members of the staff and the workmen for their loyal co-operation throughout the year. We are a happy team in the Health Department and this helps us considerably to get through an amount of work which our small numbers would make impossible in less favourable conditions. It is true, we have helped by a drastic cutting out of as much useless work or red tape as we possibly can. More could be done in this direction if "They" would let us.

The Health and Housing Committees and the Council have given the department all the support we have needed and my thanks are given to them sincerely for a very pleasant year.

DAVID J. W. ROBERTSON,

Chief Public Health Inspector.

FACTORIES ACTS, 1937 to 1959

- INSPECTIONS for purposes of provision as to health.

Premises	Number on Register	Number of		
		Inspections	Written notices	Occupiers prosecuted
i) Factories in which Sections 1,2,3,4, and 6 are enforced	11	14	2	-
ii) Factories not included in (i) in which Section 7 is enforced	77	93	6	-
iii) Other Premises in which Section 7 is enforced (excluding outworkers' premises)	32	32	-	-
Total	120	139	8	-

- Cases in which DEFECTS were found.

Particulars	Number of cases in which defects were found				Number of cases in which prosecution were instituted
	Found	Remedied	Referred To H.M. Inspector	By H.M. Inspector	
Amount of cleanliness (S.1)	-	-	-	-	-
Overcrowding (S.2)	-	-	-	-	-
Reasonable temperature (S.3)	-	-	-	-	-
Adequate ventilation (S.4)	-	-	-	-	-
Effective drainage of floors (S.6)	-	-	-	-	-
Sanitary Conveniences (S.7)	8	8	-	2	-
) Insufficient	-	-	-	-	-
) Unsuitable or defective	-	-	-	-	-
) Not separate for sexes	-	-	-	-	-
Other offences against the Act (not including offences relating to outwork)	-	-	-	-	-
Total	8	8	-	2	-

